

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

STD 262 (REV 10/92)

Page 1 of 1

CLAIMANT'S NAME John Cruz			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Appointments Secretary			CB/D NUMBER			DIVISION OR BUREAU		
RESIDENCE ADDRESS 107 East Avenida Junipero			HEADQUARTERS ADDRESS 1350 Front Street, Suite 6054			INDEX NUMBER (916) 445-1915		
CITY San Clemente			STATE California			ZIP 92672		
CITY San Diego			STATE CA.			ZIP 92101		

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER				CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
3.2.09	10:30am	OC/SAC	134.93		6.20			149.60		35.00	0.00		325.73
3.3.09		SAC	134.93		5.12		6.00				0.00	9.95	156.00
3.4.09	7:30pm	SAC/OC					6.00	149.60		130.00	0.00		285.60
3.10.09	8:30am	OC/SAC	134.93		6.81			149.60		35.00	0.00	9.95	336.29
3.11.09	8:00pm	SAC/OC					6.00	149.60		100.00	0.00		255.60
													0.00
													0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			404.79	0.00	18.13	0.00	18.00	598.40	0.00	300.00	0	0.00	19.90
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$1,359.22	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

3.2.09-3.4.09- Staff Meetings, Interviews with possible GAS appointees.

3.10.09-3.11.09- Staff Meetings, Sign time with GAS, Meetings with GAS appointees.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED


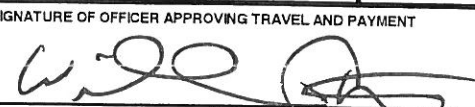
0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE 3/24/09	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 3/26/09
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES			DATE